

FORM A**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983****IN THE UNITED STATES DISTRICT COURT
DISTRICT OF NORTH DAKOTA**Bruce Freeman 13595-059

[NOTE: Enter the FULL name and inmate number of each Plaintiff]

vs.

COMPLAINTAmanda RostMike GranerDarren HeidbrederHager Dustin

[NOTE: Enter the FULL name of each Defendant]

I. Previous Lawsuits:

[NOTE: If there is more than one plaintiff, attach a separate sheet with the information in part I and II below for EACH plaintiff.]

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or have you filed any other lawsuits relating to your imprisonment? Yes No

B. If your answer to A is Yes, please answer questions 1 through 7. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs

Defendants

2. Court :

[NOTE: for federal court lawsuits, name the district and for state court lawsuits, name the county]

3. Case Number:

4. Name of judge to whom lawsuit was assigned:

5. Disposition of lawsuit, if known:

[NOTE: for example, was the lawsuit dismissed, appealed, or still pending]

6. Approximate date lawsuit was filed: _____

7. Approximate date lawsuit ended: _____

II. Place of Present Confinement: MCFP Springfield

A. Is there a prisoner grievance procedure in this institution? Yes No

B. Did you present the facts relating to your complaint to the institution's prisoner grievance procedure? Yes No

C. If your answer is YES,

1. What steps did you take?

2. What was the result?

D. If your answer is NO, explain why not:

I had no knowledge that the loss of my eye could have been prevented until I was placed here.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes No

F. If your answer is YES,

1. What steps did you take?

2. What was the result?

III. Parties

[NOTE: In item A below, enter your name in the first blank and your present address in the second blank. Do the same for additional plaintiffs, on line B, if any.]

A. Name of plaintiff: Bruce Freeman 13595-059
 Address: MCFP Springfield PO Box 4000 Springfield MO 65801

B. Additional plaintiffs:

[NOTE: In items C-F below, enter the full name of the defendant in the first blank, defendant's official position in the second blank, whether you are suing defendant in both official and individual capacity in third blank and defendant's place of employment in the fourth blank.]

C. Name of Defendant #1: Amanda Rost
 Official Position: RN
 If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes No
 If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes No
 Place of Employment: Heart of America Correctional Center

D. Name of Defendant #2: Mike Graner
 Official Position: Jail Administrator
 If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes No
 If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes No
 Place of Employment: Heart of America Correctional Center

E. Name of Defendant #3: Darren Heidbreder
 Official Position: Dont know
 If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes No

If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes No

Place of Employment: Heart of America Correctional Center

F. Name of Defendant #4: Hager Dustin

Official Position: Don't know PA

If Defendant is a government official or employee, are you suing the Defendant in his or her official capacity? Yes No

If Defendant is a government official or employee, are you suing the Defendant in his or her individual capacity? Yes No

Place of Employment: Heart of America Correctional Center

G. Additional Defendants : Use a separate sheet of paper. Write the heading **PART II** **CONTINUED** at the top of that sheet. For each additional defendant list:

Name

Official Position

Suing in Official and/or Individual Capacity

Place of Employment

IV. Jurisdiction

This complaint is brought pursuant to 42 U.S.C. § 1983, and jurisdiction is based on 28 U.S.C. § 1333(a)(3). Plaintiff(s) allege(s) that the defendant(s) acted under color of state law with regard to the facts stated in part V of this complaint.

V. Statement of Claim

A. Claim No. 1: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes No If yes, please describe.

Mrs. Rost failed to set up the appointment for my eye

knowing from an emergency visit that this is/was an urgent

situation. This appointment could have saved my eye.

B. Claim No. 2: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes No If yes, please describe.

Mr. Graner listened to c/o Heidbreder refuse to let the

treatment of my eye to take place.

C. Claim No. 3: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes No If yes, please describe.

Mr. Heidbreder refused to let the operation go on when the eye specialist informed them that it was an urgent procedure that needed to be done. This procedure was approved before Mr. Heidbreder escorted me to my appointment and refused to let it be done. This could have saved my eye.

D. Claim No. 4: [NOTE: State here as briefly as possible the basis for your claim, including the facts of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events.]

Are you claiming any physical injury? Yes No If yes, please describe.

Mr. Dustin is the doctor in the jail that had knowledge of the urgency of the eye procedure but failed to do anything about it being done in a timely manner that could have saved my eye.

E. Additional Claims: Attach an extra sheet if necessary, and write the heading **PART V
CONTINUED** at the top of that sheet

VI. Relief

[NOTE: State briefly exactly what you want the Court to do for you.]

I would like for a jury trial so a reasonable outcome would

come out of the loss of my eye. or a \$20 million settlement

from Heart of America Correctional Center.

(I have attached items supporting my claims)

VII. Signature(s) of Plaintiff(s)

Signed this 6th day of October, 20 17.

R. J.
(Signature of Plaintiff)

Signatures of additional plaintiffs, if any:

